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ANNUAL REPORT

ON THE

HEALTH & HEALTH SERVICES,
SANITARY CONDITIONS,
. . AND HOUSING, . .

FOR THE

Year ended 31st December, 1945.

BY

IAN A. G. MACQUEEN,
M.A., M.B., CH.B., D.P.H.,

Medical Officer of Health.

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Medical Officer of Health.

MANSFIELD:
W. H. LEE & SONS, STOCKWELL GATE.
1946

Health Committee.

(As at 31st December, 1945.)

Chairman :
COUNCILLOR I. E. PICKARD.

HIS WORSHIP THE MAYOR.
(Councillor C. Harrison).

Aldermen :

H. BAGGALEY.
T. KNAPTON.
Mrs. E. E. WAINWRIGHT, J.P.

Councillors :

C. DAVEY
F. P. HURT
C. H. LANGHAM
Mrs. M. E. MARRIOTT, J.P.
T. PEMBLETON
G. PRITCHARD
H. TAYLOR

Maternity & Child Welfare Committee.

(As at 31st December, 1945).

Chairman :
MRS. COUNCILLOR M. E. MARRIOTT, J.P.

HIS WORSHIP THE MAYOR.
(Councillor C. Harrison).

Aldermen :

H. BAGGALEY
T. KNAPTON.
Mrs. E. E. WAINWRIGHT, J.P.

Councillors :

C. DAVEY
T. PEMBLETON.
I. E. PICKARD
G. PRITCHARD.

Co-opted Members :

Mrs. BAXTER
Mrs. CHALLONER
Mrs. RICHARDSON
Mrs. SMITH.

STAFF CHANGES DURING 1945.

Dr. D. S. Williams commenced duty as Temporary Deputy Medical Officer of Health on 1st February, 1945.

Dr. J. Wilkie Scott was appointed as Paediatrician on 6th March.

Mr. Bernard Allman retired from the post of Senior Sanitary Inspector on 31st March, and Mr. H. N. Eardley was promoted to Senior Sanitary Inspector on 1st May. Mr. G. Spencer, formerly Additional Sanitary Inspector, was promoted to Deputy Senior Sanitary Inspector on 5th June.

Miss R. E. Hermes commenced duties as Non-medical Supervisor of Midwives and Superintendent Health Visitor on 20th April.

Miss E. M. Williams retired from the post of Health Visitor on 31st December ; Mrs M. Saxton, Municipal Midwife resigned on 18th July ; Miss Nora Ward took up duty as Municipal Midwife on 28th May ; Mrs. F. Riley took up duty as Municipal Midwife on 1st August and resigned on 30th November ; Miss A. Hauxwell took up duty as Municipal Midwife on 1st December.

Miss M. Frampton, Matron of the Ravensdale Nursery, resigned on 31st March and Mrs. K. T. Dean, Deputy Matron was promoted to Matron on 3rd April. Mrs. M. E. White was appointed Deputy Matron on 1st May and resigned on 30th November. Mrs. Johnson was appointed Deputy Matron on 1st December.

Mrs. M. Cooper, Deputy Matron, Bull Farm Nursery, resigned on 30th November, and Miss C. Stretton was appointed Deputy Matron on 1st December.

Miss M. Harris, Ward Sister, Forest Fever Hospital, resigned on 31st January and Miss E. Knox Johnson commenced duty as Ward Sister on 1st April.

Public Health Staff.

As at 31st December, 1945.

Medical Officer of Health....	I. A. G. MacQueen, M. A., M.B., Ch.B., D.P.H., M.R.San.I.
Deputy Medical Officer .... (temporary)	Miss D. S. Williams, M.B., Ch.B., D.P.H.
Assistant Medical Officers for Maternity & Child Welfare (part-time)	Miss Mary M. Sillito, M.B., B.S. Miss D. Douglas-Norman, M.R.C.S., L.R.C.P., D.P.H.
Consultant Ophthalmic Surgeon (part-time)	A. C. Reid, M.A., M.D., B.Sc., D.O.
Consultant Paediatrician (part time)	J. Wilkie Scott, M.C., M.D., F.R.C.P.
Senior Dental Officer	A. B. Chester, L.D.S.
Junior Dental Officer	Vacant.
Senior Sanitary Inspector	H. N. Eardley, San. Insp. Cert., Cert. in Meat Inspection, M.R.San.I.
Deputy Senior Sanitary Inspector	G. Spencer, San.Insp.Cert., Cert. in in Meat Inspection.
Additional Sanitary Inspectors	Two vacancies.
Superintendent Health Visitor and Supervisor of Midwives	Miss R. E. Hermes, S.R.N., S.C.M., Q.M., H.V.
Health Visitors	Mrs. P. Florence, S.R.N., S.C.M. (temporary). Mrs. P. Turner, S.R.N. (temporary acting,). Mrs. L. Naylor, S.R.N. (temporary, acting). One Vacancy.
Matron, Forest Fever Hospital	Miss F. B. Weaver, S.R.N., S.R.F.N., S.C.M.

Matron, Bull Farm Nursery	Miss G. Glucksmann, S.R.N.,S.R.C.N. (Austria), S.C.M. (Austria), D.N.
Matron, Ravensdale Nursery	Mrs. K. T. Dean, S.R.N.
Municipal Midwives	Miss A. Berridge, S.R.N., S.C.M. Miss D. Brown, S.R.N., S.C.M. Mrs. R. E. Bestwick, S.R.N., S.C.M. Mrs. J. Calver, S.R.N., S.C.M. Miss A. Hauxwell, S.R.N., S.C.M. Miss A. Thorpe, S.R.N., S.C.M. Miss E. A. Ward, S.R.N., S.C.M. Miss N. Ward, S.R.N., S.C.M., H.V. Mrs. W. M. Wilson, S.R.N., S.C.M.
Chief Clerk and Bacteriological Assistant	E. V. Hardwick.
Clerks	Miss M. L. Bettison. Mrs. M. J. Brown. Miss B. Stebbings. Miss B. R. Stockdale. One vacancy.
Disinfector	George Davis.
Ambulance Driver	George Harris.
Public Analyst .... (Food & Drugs Act, 1938)	W. W. Taylor, B.Sc., F.I.C. (part-time).

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Public Health Department,
Gilcroft Street,
Mansfield.

Mr. Chairman, Ladies and Gentlemen,

I beg to present my Annual Report for the year 1945.

In my Report for 1944, I suggested to you that certain improvements in the vital statistics of the town during that year should be regarded merely as fortunate coincidences, and that beneficial effects arising from recent developments would not be fully apparent until 1945. Whether the statistics for 1945 are due to these developments and extensions or to a further fortunate coincidence, the fact remains that 1945 stands out in the history of the Borough as a year in which the figures are far better than ever before.

1944 was regarded as a very good year; but in every point 1945 has been better. For example: (a) In 1944 one was glad that the Stillbirth-rate had reached the low figure of 28.8 per thousand births, but in 1945 it reached the record minimum of 21.8 which, in addition to being a record for the Borough, is the first time that Mansfield has fallen below the average rate for the country. (b) In 1944 one was pleased that the Maternal Mortality Rate had fallen to 2.89 per thousand births, but in 1945 it fell to the unprecedented figure of 1.09, which is by far the lowest figure recorded for Mansfield and the second time in the history of the Borough that Mansfield has fallen below the average rate for the country. (c) In 1944 one was sorry that the Infantile Death-rate was still high, but in 1945 it dropped by more than a quarter, although further improvement remains eminently desirable. (d) In 1944 the deaths of young children of diarrhoea and enteritis were still far above the average for the country, but in 1945 the death-rate from these causes had fallen to 4.4 per thousand births, which compares favourably with the national rate of 5 6 (e) In 1944 one was glad that there were only 34 cases of diphtheria during the year (as compared with a pre-war average of 49), but in 1945 there were only 10 cases.

Turning to the mass of small points which are the best indication of whether your services are improving or deteriorating,

one finds the same trend as last year. Last year I pointed out that the number of houses inspected was 58% greater than in the previous year and that the number of houses rendered fit after formal or informal action had risen by 44% ; in 1945 the number of houses inspected was still higher, and the number of houses rendered fit was 14% more than in 1944. In 1944 the number of home visits paid by Health Visitors was 50% more than in 1943 ; in 1945 it was 21% more than in 1944. In 1944 30% more children were protected against diphtheria than in the previous year ; but during 1945 nearly three times as many children were protected as during 1944. However, the year's best figure was for the taking of milk samples : the milk samples taken in 1945 were more than three times the number taken in 1944.

During 1945 you did not merely rest on the developments previously introduced. You approved a detailed scheme for the post-war extension of the Maternity & Child Welfare Services, you introduced a scheme for the care of premature babies, you sanctioned certain very necessary extensions of the Sanitary Department, and you made numerous minor improvements. Details of all these will be found in the body of this Report.

Last year, when writing the preface to my Report, I had to pay tribute to three excellent officers who had left your service,— Dr. Caley, Mr. Allman, and Miss Hunt. This year I have the less melancholy duty of expressing appreciation of the work of various new officers : Miss R. E. Hermes who, as Supervisor of Midwives and Health Visitors, has rendered brilliant service ; Mr. H. N. Eardley, whose work as Chief Sanitary Inspector is always of the highest possible quality ; and Mr. G. Spencer, Deputy Chief Sanitary Inspector, whose work is eminently satisfactory in all respects : these officers have done much to improve your services. Since the employees in this department now number a hundred (including the staffs of the nurseries, hospital, etc.), it is impossible for me to mention individuals by name and I must content myself with a general acknowledgement of their loyal co-operation and hard work. One piece of extra work must, however, be noted : the very succesful diphtheria immunisation campaign which is described in this report involved a large amount of clerical work, and, while I appreciate the efforts of the entire staff, I am under a particular debt of gratitude to the two ladies on whom the brunt of the clerical work fell, Miss M. L. Bettison of the M. & C. W. Department and Mrs. J. Halfnight of the School Medical Staff ; their efficiency and energy is beyond all praise. In regard to Mrs. Halfnight it should also be mentioned that Immunisation work is not part of her normal duties and that most of her services were given outside of normal office hours.

Finally, but by no means least, I must again gratefully acknowledge the generous help and advice of Mr. Councillor Pickard, Chairman of the Health Committee, and Mrs. Councillor Marriott, Chairman of the Maternity Committee; and I must thank all of you for your unswerving help and support in all matters affecting the vital issues of Health.

Mr. Chairman, ladies and gentlemen, 1945 was a year of unparalleled success, but there is still need for improvement. I trust that 1946 will be even more successful.

Your obedient Servant,

IAN A. G. MACQUEEN.

24th July, 1946.

Statistical Summary.

1.—General Statistics.

Area in acres	7,009
Number of Inhabited houses (end of year 1945)	13,923
Rateable Value	£313,756
Sum represented by a penny rate	£1,212/0/4
Civilian Population (estimated)	47,030

2.—Extracts from Vital Statistics—Births and Deaths.

BIRTHS.

	Males.	Females.	Total.
Legitimate	413	415	828
Illegitimate	31	34	65
Totals	444	449	893

Birth-rate 18.9 per 1,000 population.

STILLBIRTHS.

	Males.	Females.	Total.
Legitimate	8	11	19
Illegitimate	1	—	1
Totals	9	11	20

Rate per 1,000 (live & still) births 21.8.

DEATHS.

	Males.	Females.	Total.
Deaths	288	250	538

Death-rate 11.2 per 1,000 population.

INFANT DEATHS.

	Males.	Females.	Total.
Legitimate	28	17	45
Illegitimate	3	—	3
Totals	31	17	48

Infantile Mortality Rate 53.7 per 1,000 live births.

Legitimate Infantile Mortality Rate per 1,000 legitimate live births—54.3

Illegitimate Infantile Mortality Rate per 1,000 illegitimate live births—46.1

MATERNAL DEATHS.

	Deaths.	Rate per 1,000 total (live & still) births.
(a) From Puerperal Sepsis	—	0.00
(b) From other Maternal causes	1	1.09

DEATHS FROM SPECIFIED CAUSES.

(a) From Measles (all ages)	1
(b) From Whooping Cough (all ages)	3
(c) From Diarrhoea (under 2 years)	4

NOTES ON VITAL STATISTICS.

(a) The **Birth-rate** of 18.9 is below last year's figure (which was the highest since 1923) but compares favourably with most recent year's as the following table will show :—

Year	Birth-rate per 1,000 Population.
1937	14.5
1938	14.9
1939	15.4
1940	15.4
1941	14.9
1942	17.6
1943	19.5
1944	21.5
1945	18.9

(b) Last year I had to report that the **General Death Rate** showed a rising trend. This year the death rate has fallen to 11.2, as compared with 11.9 in 1944 and 11.4 in 1943.

(c) The "**Natural Increase**" (i.e. the increase of births over deaths) is 355. In the last twenty years this figure has been surpassed only twice.

(d) Mansfield had a higher birth-rate and a lower death-rate than had England and Wales as a whole :—

	Mansfield.	England and Wales.
Birth-rate	18.9	16.1
Death-rate	11.2	11.4

(e) One of the most gratifying features of the year's statistics is that the proportion of **Stillbirths,** which fell dramatically in 1943 and 1944. has fallen to a still lower level, Before the war Mansfield generally had about 50 stillbirths per 1,000 births, and the figures for recent years are as follows.:—

Year.	Stillbirths per 1,000 births.
1942	45.6
1943	28.0
1944	28.8
1945	21.8

This low stillbirth rate is, of course, by far the lowest ever recorded in Mansfield, and is well below the average for the country as a whole.

(f) Equally gratifying is the reduction in the **Maternal Death-rate,** which at 1.09 is also the lowest ever recorded in the Borough, and is far below the national average of 1.79.

It is interesting to notice the progressive reduction in maternal mortality during recent years :—

Year.	Maternal Death-rate per 1,000 births.
1942	4.56
1943	3.23
1944	2.89
1945	1.09

(g) **Infantile Mortality** has long been the most unsatisfying feature of Mansfield's statistics. In my Annual Report for 1944 I tried to analyse the causes, and suggested that certain increases of staff during 1944 might have a beneficial effct. This year I am glad to be able to report that my prediction was correct. The infantile mortality rate has fallen from 72.5 in 1944 to 53.7 in 1945. The comparable figure for England and Wales for 1945 is 46.0. (In a later section of this Report you will find an analysis of infant deaths for 1945 and some suggestions for the reduction of the infantile mortality rate.)

(h) It is particularly pleasing to record that in what are probably the three most sensitive indices of the state of a town's health services—the still-birth rate,the infantile-mortality rate, and the maternal death-rate—the Mansfield figures for all three have fallen dramatically in 1945, and in two of these three indices Mansfield is now appreciably better than the country as a whole.

CANCER DEATHS.

In 1945 there were 76 deaths from this disease, as compared with 80 in the previous year.

Arranged in decennial periods, these deaths occurred as below :-

Under 40 years	3
40 to 50 years	16
50 to 60 years	13
60 to 70 years	21
70 to 80 years	22
Over 80 years	1

Age and sex incidence, together with parts affected will be found in the following table :—

CANCER DEATHS.

AGE.	Males.	Females.	Stomach	Bowels	Rectum	Liver	Kidney	Bladder	Tongue	Larynx	Lung	Brain	Breast	Uterus	Ovaries	Prostate	Pelvis	Genitals
14		1										1						
29		1													1			
33	1			1														
40		1											1					
42		3					1					1	1					
43	1					1												
44		1			1													
45	1	1	2															
46		1		1														
47	2	1	2	1														
48	1		1															
49		3											1	2				
50																		
51	1		1															
53		2	1											1				
54		4	1	1									1		1			
56	1															1		
57		3	2								1							
58	1							1										
59		1				1												
61	1	2	1		1					1								
62		2		1										1				
64	2	1	2													1		
65	1	2										1	1	1				
66	1	1	1	1														
67	2				1				1									
68	1	2	1		1		1											
69	1	2		2														1
70	4	1	3	1														1
71	1															1		
72	2	1	1	2														
73	3	1			2											1	1	
74	2	1	1		1					1								
75	1	1	1		1													
76		1												1				
79	2	1	2	1														
82		1		1														
	33	43	23	13	8	2	2	1	1	2	1	3	5	6	2	4	1	2

Analysis of the site of the disease shows that the largest incidence occurred in the stomach. The occupations of fatal cases are shown in the following table :—

Males.		Females.	
Optician	1	Housewife	27
Coalminer	4	Widows	9
Coalminer (retired)	6	Spinster (no occupation)	2
Labourer	7	Carmelite Sister	1
Confectioner (retired)	1	Confectioner	1
Railway Loco Driver	1	Leather Cutter	1
Cemetery Superintendent	1	Cotton Doubler (spinster)	1
Hosiery Knitter	1	Scholar	1
Tailor's Cutter	1		43
Insurance Agent	1		
Bricklayer	1		
Grocery Manager	1		
Baths Superintendent	1		
Joiner (retired)	1		
Cinema Attendant	1		
Butcher	1		
Electrician	1		
Medical Practitioner	1		
Traveller	1		
	33		

Investigation of Infant Deaths.

Although the Stillbirth-rate and the Maternal Mortality-rate for 1945 were much lower than ever before in the history of the Borough and were well below the average figures for the country, the Infantile Mortality-rate, while falling dramatically from the figure for 1944, was still above the average for the country as a whole. An analysis of the infant deaths is therefore desirable, since it is only by investigating past results that one can form a sound basis for future planning.

There were 48 infant deaths, but, for various reasons, full information was not obtainable in 5 cases. The remaining 43 fatalities fell into four main categories : (1) Prematurity—16 cases ; (2) Respiratory Diseases (Pneumonia, etc.)—12 cases ; (3) Asphyxia, Congenital Heart Diseases, and Congentital Malformations—8 cases ; and (4) Other Causes—7 cases .

(1) Prematurity.

Of the 16 babies whose deaths were certified as due to prematurity, 6 died within the first forty-eight hours and all died within the first month. All but two were from the lower income group of the community. Surprisingly enough, housing conditions were described as bad in only one case and only one expectant mother had worked beyond the first three months of pregnancy. Three of the deaths ocurred in the Mansfield & District Hospital, three in the Victoria Hospital and the remainder in private houses.

In 7 cases the mothers had never visited the ante-natal clinics.

With regard to feeding, 7 babies died before feeding had been properly established, 5 were breast-fed and 4 were bottle-fed.

(2) Respiratory Cases.

Of the 12 deaths from respiratory causes, 11 were from the lower income group. Bad housing was a feature in no less than 5 cases. In 7 cases the children had never visited the clinics. Three of the deaths occurred in the Mansfield & District Hospital, and nine at home.

One death was ascribed to broncho-pneumonia following measles, and one to broncho-pneumonia following whooping cough.

With regard to feeding, four babies were breast-fed and 8 were bottle-fed.

(3) Congenital Malformations, etc.

Of the 8 deaths from these causes, 7 were from the lower income group. One case was from a very overcrowded house. In 4 cases the children had never been brought to the clinics. Three deaths occurred in the Victoria Hospital and five at home.

With regard to feeding, 4 babies died before feeding had been properly established, 2 were breast-fed and 2 were bottle fed.

(4) Other Causes.

The seven cases included three of Gastro-Intestinal diseases, all three being bottle-fed; and one each of accidental suffocation, meningitis, tuberculosis, and panophthalmitis. Bad housing was a feature in three cases. Two of the deaths occurred in the Mansfield General Hospital, one in another hospital after removal from the Mansfield Hospital, and four at home.

With regard to feeding, one was breast-fed, and six (including the three intestinal cases) were bottle fed.

Discussion.

It will be noted that two-thirds of the respiratory deaths and all but one of the deaths ascribed to "other causes" occurred in artificially fed infants. It is impossible to stress too much the value of natural feeding. Lest it be thought that I am merely ventilating a personal opinion, I quote from a leading article of "The Lancet" for 9th March, 1946:

> "The time seems ripe for a national campaign to convince both medical men and the laity that a large proportion of the babies who now die in the early months of life could be saved if they were fed on the breast for three to six months."

We can save lives by popularising the slogan that BREAST FEEDING IS THE BEST FEEDING.

The fact that in more than half of the respiratory cases the children had never been brought to the clinics is saddening. The Health Visitors go to every home and offer useful advice, but we we are still short-staffed and home visits (although far more numerous than in past years) cannot be very frequent. Parents could help their children enormously by bringing them regularly to the clinics. Now that medical and nursing staff are beginning to be more readily obtainable it might be worth while to advertise the child welfare clinics more, and to remind parents that advice by doctors

with special training and experience is available, free of charge, at the various clinics. The tragedy, of course, is that the intelligent mother (who needs least help) brings her children regularly to the clinics, while the stupid mother (who is in most need of help) usually ignores the services that are at her disposal.

While only two of the respiratory deaths were actually described as complications of measles or whooping cough, it is not improbable that some of the other deaths were also sequelae of these diseases.

In regard to conditions like prematurity, asphyxia, and malformations it must be emphasised that the three main factors in their prevention are good nutrition of the mother, good ante-natal care, and good obstetrics. With reference to the second of these factors it is noteworthy that in nearly half of the cases of deaths due to prematurity the mothers had never visited the ante-natal clinics. Perhaps the establishment of ante-natal clinics in some outlying parts of the Borough might help.

Of the premature deaths three occurred in the Mansfield Hospital, three in the Victoria Hospital and 10 at home. Having regard to the numbers of premature babies who were cared for in these hospitals and who remained at home, it would seem that a premature infant has a far better chance of survival in the Victoria Hospital than at home. Our scheme for the care of premature infants is not unsuccessful, but we must press for more accommodation at the Victoria Hospital.

As was to be expected, bad housing and overcrowded houses were a factor, particularly in the respiratory group of deaths. Better houses and more of them will undoubtedly help to reduce the infant mortality rate.

Suggestions.

I believe that we can induce a further fall in Mansfield's infant mortality rate by the following measures :—

(a) Establishing ante-natal clinics in outlying parts of the town (as suggested in the Report on Post-War Needs which the Corporation has accepted);

(b) Increasing the number of Health Visitors (as already suggested in the Report on Post-War Needs and accepted by the Corporation) ;

(c) Making our clinics more attractive in appearance ;

(d) Publicising the clinics adequately ;

(e) Stressing that breast feeding is the best feeding ;

(f) Further developing our scheme for the care of premature babies ;

(g) Pressing for more accommodation for maternity cases and for premature infants ;

(h) Emphasising that measles and whooping cough are not " trifling ailments " (as many ignorant persons imagine) but dangerous diseases with a high mortality rate in young children ;

(i) Hospitalising selected cases of measles and whooping cough; and

(j) Building houses as rapidly as possible.

General Provision of Health Services in Mansfield.

Since recent Annual Reports have necessarily been condensed to the extreme possible limit, and since the Health Services have undergone considerable extensions during recent years, a brief summary of the main services existing at 31st December, 1945, may be of interest.

(A) Ambulance Facilities.

(1) For Infectious Cases an ambulance and van with drivers are stationed at the Forest Fever Hospital.

(2) For Non-Infectious and Accident Cases Mansfield has entered into combination with the adjacent Urban Districts of Mansfield Woodhouse and Warsop. The Ambulance Service for the area is controlled by a joint-committee from the three local Authorities, with the Town Clerk of Mansfield acting as secretary to the committee and the Medical Officer of Health acting as officer in charge of the service. The Ambulance Depot is situated at Baum's Lane, Mansfield. Two ambulances (one owned by the Committee and one hired from the St. John Ambulance Brigade) and a car for sitting cases are maintained, and the staff includes a clerk and six drivers.

(B) Professional Nursing in the Home.

Generally this is discharged by members of the District Nursing Association to which an annual grant is made by the Corporation.

The work of this Association, which has now existed for nearly half a century, has been of considerable value to those requiring skilled nursing.

The district in the immediate vicinity of Bull Farm Estate is cared for by the Bull Farm Nursing Association. It provides skilled nursing for medical and surgical cases.

(C) Child Life Protection.

All the Health Visitors have been appointed as Visitors under the Child Life Protection Clauses.

A detailed form is completed when a new case is placed on the Register. Subsequently, a visit is paid every three months and the information obtained is placed before the Medical Officer of Health.

At the end of the year 1945, there were 3 children on the Child Life Protection Register.

(D) Home Helps Scheme.

This is described elsewhere in this Report.

(E) Orthopaedic Treatment.

The Maternity & Child Welfare Committee have arranged a complete scheme for the treatment of crippled children. This includes hospital treatment at Harlow Wood Hospital for cases requiring operation, and out-patient treatment for those requiring subsequent remedial treatment or observation.

(F) Domiciliary Midwifery Service.

The Corporation employs nine municipal midwives and a non-medical Supervisor of Midwives.

Each Municipal Midwife may act as a Maternity Nurse when a doctor has been engaged for the confinement.

As far as possible, each Municipal Midwife works within an allotted area, but if one midwife has booked an excessive number of cases, some amount of re-distribution may be necessary.

The Municipal Midwives are closely associated with the Municipal Ante-Natal Clinic, and are encouraged to accompany their patients when attending such Clinic for examination.

(G) Institutional Midwifery.

The Victoria Hospital can take 11 Mansfield cases each month. Cases are also admitted to the Peel Street Hospital for Women, Nottingham, and to the Mansfield and District General Hospital.

(H) Care of Premature Babies.

The arrangements are described elsewhere in this Report.

(I) Care of Illegitimate Children.

By arrangement with the County Council the inspection of illegitimate children is undertaken by a County Almoner, part of whose salary is paid by the Corporation, and whose work—in respect of the portion of her time devoted to Mansfield—is under the supervision of your Medical Officer.

(J) Maternity and Child Welfare Clinics.

Ante-Natal clinics are held at St. John's Street Centre on the afternoons of every Monday, Wednesday and Friday. A doctor is in attendance at each clinic.

Child Welfare clinics are held at St. John's Street Centre on the afternoon of every Tuesday and Thursday; at St. Barnabas' Church Schoolroom, Pleasley, every Monday afternoon; at the Methodist Chapel, Normanton Drive on the afternoons of every Tuesday and Thursday; and at Brownlow Road Chapel every Thursday afternoon. A doctor is in attendance at each clinic excepting Brownlow Road.

Ultra-violet light clinics are held at St. John's Street Centre on two mornings weekly.

Minor ailment clinics are conducted at St. John's Street Centre each morning.

(K) Diphtheria Immunisation Clinics.

Diphtheria Immunisation clinics are held at St. John's Street Centre on Wednesday mornings, and Tuesday and Thursday afternoons; at St. Barnabas' Schoolroom on Monday afternoons; at Normanton Drive Chapel on Tuesday afternoons; and at the School Clinic, Ratcliffe Gate, on Thursday afternoons.

(L) Venereal Diseases.

The Venereal Diseases clinic at West Hill Drive is under the supervision of the County Council. Medical Officers' sessions are :- Males—Tuesday mornings and Thursday evenings; Females—Tuesday afternoons and Wednesday evenings.

(M) Tuberculosis Dispensary.

The Tuberculosis Dispensary at Hermitage Avenue is also under the County Council. Sessions :—Women and children—Monday morning and Monday afternoon; Men—Tuesday morning; Employed persons—Tuesday evening.

(N) Day Nurseries.

The Corporation maintains two Day Nurseries, at Bull Farm and Ravensdale, each with places for 40 children.

(O) School Clinics.

Consultation clinics, minor ailment clinics, dental clinics, eye clinics, etc., are held at the School Clinic, Ratcliffe Gate. Minor

ailment clinics are also held at Rainworth and Pleasley Schools. For fuller details reference should be made to the reports of the School Medical Officer.

(P) Institutional Provision for Unmarried Mothers.

An annual subscription is voted to the Mansfield and District Society for the Help and Protection of Girls, which is able to secure beds for approved cases. There is no other special institutional provision for unmarried mothers in the area, except that they may be received into the County Institution.

(Q) Mansfield & District General Hospital.

This hospital has a total of 173 beds, allocated as follows :—

	Beds.
General Medical	31
General Surgical	69
Fracture Clinic	22
Maternity	4
Gynaecological	21
Orthopaedic	12
Ear, Nose and Throat	14

This accommodation provides in-patient treatment for 87 males, 60 females and 26 children.

A Private Nursing Home is attached to the Hospital. This Home contains 29 beds,—16 for medical or surgical cases, and 13 for maternity cases.

A Rehabilitation Centre at Crow Hill Drive was nearing completion by the end of 1945.

(R) Victoria Hospital.

The County Public Assistance Institution in Mansfield has 229 beds and provides accommodation for maternity cases and for the chronic sick.

(S) Harlow Wood Orthopaedic Hospital.

This is a well-built and up-to-date hospital of some 360 beds. It is a voluntary hospital but, relies to a large extent on fees paid by local authorities for the treatment of cases under orthopaedic schemes.

(T) Ransom Sanatorium.

This well built hospital for the treatment of tuberculosis is under the control of the County Council. It at present contains 165 beds but is in process of extension.

(U) Forest Isolation Hospital.

The Corporation's Fever Hospital consists of an up-to-date cubicle block, wards for scarlet fever and diphtheria (the latter ward being now disused), an old cubicle block, a hutted emergency ward, a small but well constructed operating theatre, and an excellent administrative block and nurses' home. There is accommodation for 68 patients.

Control of Infectious Diseases.

DIPHTHERIA PROPHYLAXIS.

As mentioned in the Annual Report for 1944, during that year the facilities for immunisation were increased, so that, instead of immunisation being performed at only one place once a fortnight, it became available each week at four places. The essential preliminary steps having been thus taken, an intensive and highly successful campaign was undertaken in 1945. The main features of the campaign are summarised below :—

1. Duration of Campaign.

The campaign was designed to cover a period of six months from Midsummer to Christmas, 1945. The maximum effort, however, was concentrated in two shorter periods,—the month of July (when the relative absence of other diseases gave doctors and health visitors more available time) and the end of September (when it was easy to stress the dangers of a disease that is commonest in winter).

2. Methods of Propaganda.

These included :—

(a) Exhibition of slides in local cinemas, giving incidence of the disease in Mansfield and information regarding times and places of immunisation clinics. Each slide ended with the slogan in red letters : " Delay is dangerous—Remember, Diphtheria **KILLS**."

(b) Advertisements in local newspapers on same lines as (a).

(c) Lavish display of posters throughout the town.

(d) Speech in open Council by Chairman of Health Committee. This speech was adequately reported in newspapers.

(e) Talks by M.O.H. to senior pupils of various schools.

(f) A personal letter, asking for co-operation, to every teacher in Mansfield.

(g) Requests for co-operation addressed to medical practitioners, clergymen, local hospitals, the British Red Cross, and—in general—any persons or groups in touch with children.

(h) Systematic canvassing by Health Visitors and (by courtesy of the County Council) School Nurses.

3. Immunisation Clinics.

These may be summarised in three groups :—

(a) Immunisations were undertaken (as previously) at the various Infant Welfare Clinics,—St. John's Street (Tuesdays and Thursdays), Pleasley (Mondays), and St. Lawrence's (Tuesdays).

(b) For parents who wished to avoid waiting, special short immunisation sessions were held at School Clinic (Thursdays), St. John's Street (Wednesday mornings), and St. Lawrence's (Thursdays). Of these the first two were conducted by the M.O.H. and Deputy M.O.H. whilst the weekly half-session at St. Lawrence's was taken by a part-time Assistant M.O. The additional expenditure involved by this extra half session was 15/9d weekly, or about half as much in the whole six months as would be spent in treating a single case of diphtheria.

(c) Special immunisation clinics were held from time to time at various schools, parents being informed in advance that pre-school children could be immunised at the school in addition to school children.

4. Results.

The campaign was successful beyond our wildest expectations. We set ourselves a target of 1200 immunisations during the half-year, but the target was passed before the end of October. The following Table gives the number of childern protected during the half year, with—for purposes of comparison—the number protected in previous periods.

Number of children protected during half year.

	Aged 0-4	Aged 5-14	Total.
First half of 1943	157	142	299
2nd half of 1943	260	69	329
First half 1944	286	139	425
2nd half of 1944	319	69	388
First half of 1945....	323	233	556
2nd half of 1945	800	944	1744

The figures for the percentages of the population immunised by the end of each year are as follows :—

Percentage of child population protected.

	Aged 0-4	Aged 5-14	Aged 0-14
End of 1943	29.6	66.1	53.4
End of 1944	40.4	71.6	60.0
End of 1945	54.2	83.0	72.6

Two years ago, when preparing the 1944 immunisation drive (which was later modified since the illness of Miss Hunt and the resignation of Dr. Caley made the staff shortages too great) it was my sad duty to tell you that Mansfield was the worst immunised place in the County (according to the Annual Report of the County M.O.) and was near the bottom of the published list of figures for the country. Today I am glad to inform you that Mansfield's immunisation figures are now reasonably satisfactory. Indeed, I would venture to forecast that when the national figures for the end of 1945 are published Mansfield will be appreciably above the average for the country.

(5) Incidence of Diphtheria.

Mainly as a result of immunisation, the incidence of diphtheria in Mansfield is declining. Before immunisation was introduced Mansfield had on an average 49 cases annually. The figures for recent years are :—

1940—84 cases ; 1941—53 cases ; 1942—26 cases ;
1943—29 cases ; 1944—34 cases ; 1945—10 cases .

The following Table shows the number of cases in protected and unprotected sections of the community :—

Cases of Diphtheria.

	Unprotected Adults	Protected Adults	Unprotected Children	Protected Children
1942	11	—	15	—
1943	9	—	20	—
1944	13	—	18	3
1945	2	1	5	2

(6) Effects of Immunisation.

(a) Saving of Human Lives.

At the beginning of 1945 60% of Mansfield children were protected, and at the end of the year 72.6% were protected, so that in considering the year as a whole we can say that roughly two thirds of the children were protected and one third were unprotected. In the protected majority there were two mild cases of diphtheria ; in the unprotected third there were five cases of whom two died.

The figures for a four years period are even more impressive. From 1941 to 1945 the percentage of protected children varied from 40% on 1st January, 1941, to 72.6% on 31st December, 1945. During these four years, in the protected children there occurred 5 cases of diphtheria, of which 4 were very mild ; during the same four years there were 58 cases among unprotected children, and eight of these children died.

We used to have an average of about 6 deaths from diphtheria each year. Immunisation has reduced our average to 2 deaths each year. But there are still two children dying every year in Mansfield because their parents have failed to have them protected.

(b) Saving of Illness.

We used to average 49 cases per year : 49 persons—mostly children—suffering from a lengthy and serious disease with a risk of permanent injury to their hearts. Immunisation has now reduced the cases to 10 for 1945 ; but if all parents allowed their children to be protected we would probably have only two or three mild cases each year.

(c) Saving of Money.

The treatment of a single case of diphtheria costs the rate-payers a considerable sum. In my Annual Report for 1943 I estimated that immunisation was then preventing some 20 cases each year and saving the rate-payers over £500. Since immunisation is now preventing over 30 cases annually, and since costs of treatment have risen appreciably, I now estimate that immunisation is saving the town over £900 each year.

CONTROL OF INFESTATION.

(a) Scabies.

School Nurses and Health Visitors (who worked in close co-operation) tried to persuade the families of Scabies victims to be treated in family units rather than as individuals. The treatment of individual cases is often highly unsatisfactory : for while John is being treated, his brother, Tom, is uncubating the disease ; and before Tom is treated he perhaps passes scabies to his mother ; and while the mother is being treated, John, infected from her, is developing a second attack. Treatment of the whole family simultaneously (including those members who have not yet started to show signs of the disease) is much more likely to produce lasting results. The incidence of scabies in Mansfield is steadily declining, largely because of the adoption of the family method of treatment.

As in previous years, shortage of nursing staff made it impossible to treat any large number of cases at the Child Welfare Centre. By courtesy of the Education Committee, the School Clinic was used as the main centre, and treatment of pre-school and school children was carried out by the School Nurses. As a general rule each case was given two treatments with benzyl benzoate, although in selected cases the single treatment method was successfully employed.

In all 185 patients were treated at the School Clinic, making 344 attendances, as compared with 287 patients and 526 attendances in 1944.

As a second line of defence, and particularly for adults, the Emergency Block of the Fever Hospital was used. Here 24 patients were treated, 17 as out-patients and 7 as in-patients, as compared with 48 cases in 1944.

In cases where attendance at a treatment centre was impracticable, patients were given materials for self-medication.

(b) Vermin.

Fleas have never been much of a problem in Mansfield, and the war-time increase in the incidence of lousiness was checked in 1944 (as mentioned in the Annual Report for that year) and succeeded by a definite decrease in 1945. In the battle against the head louse Health Visitors and School Nurses again collaborated. Combs were on sale at the Clinics, the latest forms of treatment were available, and advice on treatment was readily given.

During their visits to the homes Health Visitors unobtrusively kept a look-out for lice and nits.

EPIDEMICS.

After six years of war one would expect that the general level of resistance would be lowered and that infections would be widespread. It is therefore pleasant to record that only two infections were prevalent in the Borough during 1945. Details of notifications of Diphtheria, Erysipelas, Pneumonia, Cerebro spinal Meninigitis, etc., will be found in Table II.

The two prevalent infections were Scarlet Fever and Measles.

(1) **Scarlet Fever.** There was no real epidemic during the year : that is to say, there was no violent outbreak of the disease (such, for example, as the epidemic of the winter of 1943-44 when Nottinghamshire and Derbyshire were so ravaged by Scarlet Fever that isolation hospital accommodation was taxed to the utmost), but a moderately large number of endemic cases occurred during each quarter of the year. This occurrence was not confined to Mansfield but was shared by neighbouring districts.

During the year 259 cases of Scarlet Fever were notified in Mansfield, and 241 of these (or 93.1%) were treated in the Fever Hospital. There were no deaths and no serious complications.

(2) **Measles.**

159 cases of measles were notified, and, since parents sometimes make the mistake of regarding this serious disease as a " trivial ailment," there were probably other cases which no doctor attended and which naturally escaped notification.

Epidemics of measles and whooping cough tend to occur every second year. Thus in 1943 we had 264 recorded cases of measles with 4 deaths attributed to measles ; in 1944 we had many cases of whooping cough with 3 deaths attributed to that disease ; and in 1945 we had 159 recorded cases of measles with one death ascribed to the disease. As explained above, the number of notifications of these diseases is generally considerably less than the actual number of cases. Moreover, probably a fair number of deaths attributed to other diseases—e.g. " Pneumonia "—occur from these diseases as complications of measles or whooping cough.

By use of posters, by advice at the clinics, and by advice of health visitors in the homes, efforts are being made to impress on parents that measles and whooping cough are dangerous diseases. This propaganda must be maintained and extended : until parents realise that these diseases are dangerous, children will die because

medical attention was not sought until a complication had developed.

In view of the appreciable mortality rates of these diseases, and of the severe nature of their complications, it will also be desirable (as soon as conditions permit of the securing of the necessary medical staff) to hospitalize a considerably larger percentage of the cases of Measles and Whooping Cough.

FOREST FEVER HOSPITAL.

Staff Changes.

Appointments during the year—1 Sister, 1 Staff Nurse, 1 Assistant Nurse, 9 Student Nurses.

Resignations during the year—1 Sister, 1 Staff Nurse, 1 Assistant Nurse, 7 Student Nurses.

Staff (as at 31st December, 1945) :—

1 Matron, 2 Sisters, 2 Staff Nurses, 1 Assistant Nurse and 10 Student Nurses ; 5 resident domestic staff, 10 non-resident domestics ; 2 gardeners, 1 boilerman, 1 ambulance driver and 1 lodgekeeper.

Posts vacant at 31st December, 1945—1 Staff Nurse.

Innovations and Extensions.

In view of the large number of innovations listed in the Annual Reports for 1943 and 1944 it is perhaps not surprising that 1945 witnessed few alterations.

(a) In view of the steadily increasing number of cases admitted from outside the Borough, the appointment of an additional Staff Nurse was sanctioned in January.

(b) During the latter part of the year Penicillin was used on suitable cases, and proved particularly effective in the treatment of infections of the ear. Eight cases which might otherwise have required a mastoid operation cleared up satisfactorily with penicillin.

(c) In last year's Report it was stated that certain alterations in the treatment of scarlet fever had reduced the average stay in hospital from 39.6 days to 28.7 days, representing a saving during 1944 of 2,965 days of hospital treatment, or approximately £1,800. For 1945, when there were rather fewer patients, the saving was 2,314 days, or about £1,450.

Work of the Hospital :

A complete tabulation of the work of the hospital will be found below :—

	In Hospital 1st Jan., 1945	Admissions	Discharged	Died	Remaining in Hospital 31st Dec., 1945
Scarlet Fever ..	29	295	289	—	35
Diphtheria	2	19	16	3	2
Cerebro-Spinal Meningitis	—	8	5	2	1
Measles	—	14	14	—	—
Erysipelas	—	1	1	—	—
Whooping Cough	—	3	3	—	—
Pneumonia ..	—	2	1	1	—
Rubella	—	1	1	—	—
T.B. Meningitis ...	—	1	—	1	—
Tuberculous Pneumonia	—	1	—	1	—
Chicken Pox	—	3	3	—	—
Miscellaneous	—	24	22	2	—
Mumps	—	9	9	—	—
Totals	31	381	364	10	38

Average Stay in Hospital.

Scarlet Fever Cases . . . . 30.0 days.
Diphtheria Cases . . .. 45.2 days.

Deaths in Hospital.

Ten deaths occurred, three being cases of diphtheria, two cases of cerebro-spinal meningitis, and one each of tuberculous pneumonia, tuberculous meningitis, pneumonia following measels, lobar pneumonia, and gastro-enteritis.

Patients Treated.

The patients treated during the year included—(1) 288 Mansfield patients with infections normally treated in fever hospitals; (2) 93 patients admitted at the request of other Authorities; and (3) 24 Scabies cases (See section of Report relating to Scabies). In the Tables the patients in groups (1) and (2) have been included, but those in group (3) have not been counted.

Financial Aspect.

When the estimates for the year ending 31st March, 1946, were prepared, the expected cost of the hospital was assessed at £8,652. Although the number of Mansfield patients treated during 1945 was considerably greater than in most recent years, the actual cost of the hospital was £8,442, or £210 less than the original estimate.

Comparative Figures:

The following table gives the numbers of patients treated in recent years:—

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Total patients treated	160	142	177	392	185	234	141	121	248	407	381
Patient days	7116	6837	8591	13490	8021	8623	5268	4407	8048	11156	10933
Daily average of Patients	19.5	18.7	23.5	37.0	22.3	23.6	14.4	12.0	22.1	30.6	29.9
*Scarlet Fever Cases	88	88	92	217	116	83	35	46	172	272	241
*Diphtheria Cases	47	32	72	126	53	82	53	25	29	33	10

*The Scarlet Fever and Diphtheria portion of this Table refers to Borough cases only.

Bacteriological Laboratory.

The following table shows the number of specimens examined in the Laboratory of the Public Health Department :—

Mansfield cases :	Positive.	Negative.	Total.
Diphtheria	55	577	632
T.B. Sputum, &c.	20	50	70
Ringworm....	—	1	1
Gonorrhoea	—	4	4
Anthrax	—	1	1
Other	8	72	80
Total	83	705	788

Outside specimens were investigated as follows :—

	Positive	Negative	Total
Diphtheria	52	284	336
T.B. Sputum &c.	2	1	3
Gonorrhoea	—	1	1
Other	—	1	1
Total	54	287	341

For comparison the totals for the previous year are given below :—

Mansfield specimens examined in 1944	835
Outside specimens examined in 1944	309

Tuberculosis.

Particulars of new cases and deaths from this disease in the Borough will be found below :—

Age Periods in years	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-1	—	1	—	—	—	1	—	—
1-5	—	—	2	—	—	—	1	—
5-15	—	1	3	—	—	—	2	1
15-25	4	8	—	2	1	2	—	—
25-35	5	4	—	1	1	2	—	—
35-45	1	5	1	—	1	3	—	—
45-55	4	1	—	1	2	—	—	—
55-65	1	—	—	—	1	2	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	15	20	6	4	6	10	3	1
Totals for previous year.	18	19	2	3	11	7	1	1

The strain of the war is reflected in the increased incidence of Tuberculosis.

The occupations of persons dying from Tuberculosis are as follows :—

Males.		Females.	
Railway Locomotive Fitter	1	Housewives	5
Painter	1	Shop Assistant	1
Musician	1	Factory Worker	1
Turner Engineer	1	Works Canteen-worker....	1
Motor Lorry Driver	1	Spinster	1
Civil Engineer	1	Scholar	1
Scholars	2	Infant	1
Infant	1		
	9		11

90% of cases dying from Tuberculosis had previously been notified.

Midwives Acts (1902-19 6).

The number of Midwives practising in the Borough as at 31st December, 1945, was :—

Municipal Midwives	9
Resident in Borough Institutions	7
In private practice	3
Total	19

Notices Received during the Year 1945 :—

Forms of sending for Medical Aid	133
Notification of :—	
Still-births	12
Death of Infant	8
Death of Mother	1
Artificial Feeding	46
Liability to be a source of infection	13
Laying out of a dead body	3

In 1945 the number of claims submitted by medical practitioners on Medical Aid forms was 92, amounting to the sum of £126 10s. 0d.

During the year ended 31st December, 1945, the sum of £766 5s. 6d. was received by the Municipal Midwives and paid to the Borough Treasurer.

Maternity and Child Welfare.

Extensions and Developments.

(a) 1945 was the first full year of the extensions sanctioned by the Council on 30th December, 1943, and brought into effect during 1944. These extensions (as already mentioned in last year's Report) were : increase in the number of weekly child welfare and immunisation sessions at St. John's Street from two to three ; replacement of Nurse's Clinic at St. Lawrence's (commenced 23rd September, 1943) by a full child welfare clinic ; increase in the number of Health Visitors from three to four ; engagement of two additional clerks ; and further employment of General Practitioners as part-time Assistant Medical Officers.

(b) On 30th January, 1945, the Council gave formal approval to a Report on Post-War Needs which I had presented, and sanctioned various extensions arising out of that Report : viz.—increase in the number of ante-natal sessions from three to five ; increase in the number of child welfare sessions from five to nine ; establishment of a fortnightly post-natal session and a fortnightly consulting session ; apppintment of a full-time Assistant Medical Officer (in addition to the present staff of two full-time and two part-time doctors) ; appointment as soon as practicable of a Non-medical Supervisor of Midwives and Health Visitors ; appointment of a fifth Health Visitor ; and appointment of two additional clerks. At the same time the Council gave general approval to certain suggestions regarding a new Central Clinic.

A Non-Medical Supervisor of Midwives and Health Visitors was appointed on 20th April, 1945, and an additional infant welfare clinic at Brownlow Road was opened on 25th October, but the other post-war extensions were delayed until 1946 because they all depended on the securing of an additional medical officer, and doctors with public health qualifications were unprocurable in 1945.

(c) As mentioned in last year's Report, in 1944 you sanctioned an increase in the number of municipal midwives from seven to nine. This increase was put into effect on 28th May, 1945.

(d) **Care of Premature Children.** During 1945 a scheme has been established for the care of premature babies. The main points are ;—

1. Birth cards now provide space for recording the weight of a child at birth when this weight is 5½ lbs. or less.
2. Two " Sorrento " Premature Baby Cots have been purchased. When a child weighing 4-lbs. or less is born at home, a " Sorrento " cot is placed in an ambulance and the child is conveyed to hospital in this special cot.
3. When a premature child weighing over 4-lbs. is born at home, a " Sorrento " cot is loaned to the mother, and the child receives special attention from the midwives.
4. Dr. J. Wilkie Scott of Nottingham has been appointed as consultant paediatrician and is available to advise on any case when required.
5. Arrangements are made to ensure that, when a premature baby is discharged from hospital or when the midwife ceases to attend the house, the appropriate health visitor is notified and informed of the child's condition.
(Details regarding the number and condition of premature babies are given in a subsequent section.)

(e) **Home Helps Scheme.** As mentioned in last year's Report, a home helps scheme was instituted in the latter part of 1944. During 1945 various part-time and whole-time helps were appointed, but all the ladies appointed found other employment within a few weeks.

To cope with the very considerable amount of supervisory, clerical and financial work entailed in the adoption of a full Home Helps Scheme, the appointment of an Assessment Clerk was suggested, and the further suggestion was made that the Assessment Clerk might serve the adjacent districts of Mansfield, Mansfield Woodhouse, and Warsop. A joint committee from these three Local Authorities passed the following resolution in April, 1945 :—

1. That this Joint Meeting recommend to the Authorities concerned that, as and when Home Helps become available, an Assessment Clerk will become necessary.
2. That, as soon as an opportune time arrives, a further Joint Meeting be called to consider the matter.

Care of Illegitimate Children.

The system described in last year's Report was continued during 1945 and appeared to be working satisfactorily. Incidentally, it is interesting to notice that the illegitimate infant death-rate and the illegitimate still-birth rate were lower than the corresponding legitimate rates.

Premature Babies.

During the year 29 premature babies were born at home. Four were transferred to hospital. Of the remaining 25, six died during the first day and four others died during the first month, leaving 15 survivors.

Births and Deaths.

Birth-rate, Stillbirth-rate and Infantile Death-rate will be found in the " Vital Statistics " in an earlier portion of this Report.

Attendances at Centres.

		Persons Attending.	Number of Attendances.
St. John Street Centre :—			
Infant Welfare	(98 Sessions)	2047	8755
Ante-Natal Clinic....	(149 Sessions)	753	2202
Ultra-Violet Ray....	(104 Sessions)	97	1456
Pleasley Hill Centre	(49 Sessions)	227	1679
*St.Lawrence's Centre	(98 Sessions)	972	6484
†Brownlow Road Centre	(9 Sessions)	36	256

The total number of mothers and children attending the Centres during the year was 4,477 ; these made a total of 24,852 attendances.

*Removed to Methodist Chapel, Normanton Drive, 4.12.45.
†Opened 25.10.45.

A study of the individual figures for 1945 shows :—(1) that the increase in the number of ante-natal sessions at St. John's Centre has brought the number of attenders per session down to manageable proportions ; (2) that, despite increases, the number of attenders at the St. John's Street Infant Welfare Clinics average over 100 per session (indicating the urgent need for additional clinics) ; and (3) that the new Clinic at St. Lawrence's is already overcrowded.

Attendance at Mid-day Dinner at St. John Street Centre.

Mothers attending.	Dinners for Mothers.	Dinners for Children.	Total.
21	1489	295	1784

Health Visitors' Visits.

Visits paid by Health Visitors during the year were :—

Visits to Infants	3343
Visits to Children one to five years	4540
Visits to Expectant Mothers	347
Visits to Special Cases (Measles, Whooping Cough, etc.)	65
Investigations of Stillbirths	22
Investigation of Infant Deaths	32
Miscellaneous Visits	52
Special Nursing Cases	20
Total	8421

The total number of visits paid in 1943 (with three Health Visitors) was 4,689, and the total in 1944 (with four Health Visitors for most of the year) was 6,959. The increased number is partly the result of a re-organisation of the Health Visitors' duties.

Eye Cases.

Twenty-eight cases were referred to Mr. Reid for examination and necessary treatment.

Ophthalmia Neonatorum.

One case of this disease was notified during the year.

Throat Conditions.

Thirty-nine cases were submitted to the Specialist, and of these thirty-two were found to require operation. Eight operations outstanding from 1944 and twenty-two operations on current cases were carried out during the year.

Maternity Beds.

216 cases were admitted to the County Institution, Mansfield, at a cost of £1,689 16s. 0d. In addition, 23 cases were admitted to the Peel Street Hospital for Women, Nottingham, at a cost of £359 16s. 8d., and 9 cases were admitted to the Mansfield and District General Hospital, at a cost of £140 4s. 0d.

Thus in all 248 cases were treated in hospital, as compared with 273 in 1944 and 218 in 1943.

The inverse correspondence of the maternal death rate and the number of cases treated in hospital is an interesting coincidence :

Year.	Maternal death rate.	No. of hospital cases.
1942	4.56	164
1943	3.22	218
1944	2.89	310
1945	1.09	216

Shortage of maternity beds remained a grave problem during 1945.

Financial Note.

In view of the extensions and developments during 1945, it is interesting to note that the Treasurer's figures show that the actual net expenditure on Maternity & Child Welfare and the Midwives Acts for the year ending 31st March, 1946, is only £11 more than the sum originally allocated in the estimates.

Dental Treatment.

During the year under review 52 expectant mothers, 13 nursing mothers and 26 children received treatment, a total of 91 individuals as compared with 93 in 1944 and 77 in 1943.

	Total.	Adults.	Children.
Extractions	404	336	68
Fillings	22	18	4
Other Operations (Scaling, Gum Treatment, etc.)	135	129	6
Number of Local Anaesthetics	197	149	48
Number of General Anaesthetics	10	10	Nil.

Attendances for Treatment.

	Expectant Mothers	Nursing Mothers.	Children.
Number Attending	52	13	26
Number of Attendances	157	61	39

Provision of Dentures.

During the year 16 full upper and 8 full lower, 1 partial upper and 6 partial lower dentures were supplied.

Light Clinic Report.

During the year 104 Ultra-Violet Light sessions were held. The following Table gives the conditions treated, together with the results of treatment :—

	Number of Cases	Cured or much improved	Stationary	No beneficial effect
Rickets	23	20	1	2
Debility	46	38	1	7
Malnutrition....	11	10	—	1
Bronchitis	9	9	—	—
Anaemia	8	7	—	1
Total	97	84	2	11
Totals for previous year	91	70	8	13

Day Nurseries.

Ravensdale.

Capacity : The Nursery has accommodation for 40 children. The number on the roll is never permitted to exceed 50.

Staff : 1 Matron, 1 Deputy Matron, 1 Warden, 5 Nursery Assistants, 2 Domestics.

Number of Children (December) :

Under 2 years....	8
2-5 years	29
Total	37

Bull Farm.

Capacity : The Nursery has accommodation for 40 children, and the number on the roll is never permitted to exceed 50.

Staff : 1 Matron, 1 Deputy Matron, 1 Warden, 6 Nursery Assistants, 3 Domestics.

Number of Children (December) :

Under 2 years....	11
2-5 years	34
Total	45

Both Nurseries are open from 7 a.m. to 7 p.m. on weekdays, and from 7 a.m. to 1 p.m. on Saturdays. In accordance with the Ministry of Health's suggestions, a charge of 1/- per day is made to those taking all meals, and 9d. per day to all others.

These Nurseries rendered valuable service during the war, not merely in freeing mothers for war work, but also in making children healthier, happier, and cleaner than they would otherwise have

been. The Nurseries still remain a virtual necessity for the children of war-widows and other women who are obliged to work ; Nurseries will be a boon to many housewives who must otherwise walk with a shopping basket in one hand and a toddler in the other ; Nurseries will be a blessing to the only child (who often fails to learn to play at home) and to the neglected child ; and—because they benefit children intellectually as well as physically—they will certainly be welcomed by the teachers of infant classes. Whether the Nurseries should remain under the M. &. C.W. Authority or pass to the Education Authority is controversial ; my personal view is that they should remain under the aegis of the M. & C.W. Committee ; but at any rate they should definitely not be closed.*

*(The above paragraph was written when the future of the Nurseries was still doubtful. Shortly after the close of 1945 you decided to retain both Nurseries as a portion of the M. & C.W. Services of the Borough.)

Housing Statistics for the Year 1944.

1.—Inspection of Dwelling-houses during the year.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 1748

(b) Number of inspections made for the purpose 4883

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .... Nil

(b) Number of inspections made for the purpose Nil

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .... Nil

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 1748

2.—Remedy of Defects during the year without Service of Formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1607

3.—Action under Statutory Powers during the Year :—

(a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 66

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners 96

(b) By local authority in default of owners .... Nil

(b) Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 146

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
(a) By owners 160
(b) By local authority in default of owners .... —

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made .... —

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .... —

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .... —

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .... —

Houses built during the year ... . —

4.—Comparison of these figures with those for previous years.

The number of houses inspected rose from 1,102 in 1943 to 1,737 in 1944, and 1,748 in 1945. The number of houses rendered fit in consequence of informal action increased from 1,028 in 1943 to 1,455 in 1944, and to 1,607 in 1945. The number of houses in which defects were remedied after service of formal notices was 109 in 1943, 177 in 1944, and 242 in 1945.

Water Supplies in 1945

Fuller information is available in the Report of the Water Engineer, but the following summary is inserted here to comply with Circular 49/45 of the Ministry of Health.

(1) The water supply of the Borough is derived from two deep wells—Rainworth (depth 110 ft., boreholes 270 ft. below ground level), and Clipstone (depth 110 ft., boreholes 200 ft. below ground level).

(2) Extensions of water mains during 1945 were :—
1772 yards..

(3) The water supply of the Borough has been satisfactory in quality.

(4) The water supply of the Borough has been satisfactory in quantity.

(5) Results of bacteriological examination.—No samples of raw water were taken. Thirteen samples of water after chlorination were taken, and all were satisfactory.

(6) Results of chemical analysis.—Thirteen samples were taken and all were satisfactory. The water is not liable to have plumbo-solvent action.

(7) Proportion of dwelling-houses and proportion of population supplied from public water mains :—

(a) The supply is direct to houses in respect of 98.9% of houses, containing 99.3% of the population.

(b) 0.9% of the houses (92 houses in all), containing 0.6% of the population, are supplied from the public mains by outside pipes.

(c) 0.2% of the houses (18 houses in all), containing approximately 0.17% of the population, receive no supply from the public mains.

Factories Act 1937.

Inspections made in Factories 62

Nine notices referring to contraventions were received from H.M. Inspector during the year and suitable action was taken in each case.

The following table gives the sanitary defects found in factories:-

Particulars.	Number of Defects.			Number of Offences in respect of which Prosecutionswere instituted.
	Found	Remedied	Referred to H.M. Inspector	
Want of Cleanliness (S.1)	6	8	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)....	—	—	—	—
Sanitary Conveniences (S.7) :—				
Insufficient....	2	3	—	—
Unsuitable or defective	3	3	—	—
Not separate for sexes	1	1	—	—
Other offences	—	—	—	—
Totals	12	15	—	—

Sanitary Department.

1. Extensions and Alterations.

In July I had the honour to present to you a Report on the Post-War Needs of the Sanitary Department. At the September meeting of the Council the following extensions, recommended in the Report, were sanctioned :—

(a) Increase in the number of sanitary inspectors from three to four ;

(b) appointment of a pupil sanitary inspector ;

(c) appointment of an additional clerk in the Health Department to relieve the sanitary inspectors of some of their clerical work ;

(d) certain structural alterations to the Public Health Department in order to provide suitable office accommodation for the increased staff ;

and

(e) provision of a car allowance for the Deputy Chief Sanitary Inspector.

By the end of the year the structural alterations had been begun and the various appointments were in process of being made.

2. Report of Chief Sanitary Inspector.

To the Medical Officer of Health.

Sir,

I beg to submit a report covering the work of the Sanitary Inspectors for the year 1945.

Despite staffing difficulties every effort was made to maintain an efficient service and I believe that this report will indicate that a considerable amount of valuable work was accomplished.

So much has been said about Housing that one wonders what more can be usefully said. I feel compelled, however, to draw attention to the condition of houses in slum clearance areas which were scheduled as such as long ago as 1938. Many of these houses are now in an appalling condition and the occupiers, particularly the children, suffer incredible hardships which must endanger their health.

Apart from houses in clearance areas, many other houses are in a bad state of repair and while this is largely due to the shortage of building materials and labour, there is evidence that a few property owners endeavour to use these conditions to avoid compliance with their obligations.

In the field of food inspection conditions are much brighter. Whatever small grouses there may be concerning the quality of food, the fact remains that the quality has been, and still is, maintained at a remarkably high level.

More than 90% of the milk consumed in the Borough is sold under licences as designated milk and the result of samples submitted for examination—more than 3 times the number taken in 1944—are generally satisfactory.

This report would not be complete without reference to the splendid work performed by my colleague, Mr. Spencer. He was at all times ready to undertake additional responsibilities and, for a long period, bore the brunt of the work entailed in meat inspection.

I should like to express to you my appreciation of the consideration and encouragement you have at all times given me during a somewhat difficult year.

Your obedient servant,

H. N. EARDLEY,
Chief Sanitary Inspector.

Summary of Work Done.

	Number of Defects, etc., remedied
Drains amended, repaired or re-constructed	120
Drains, w.c's. and gullies cleansed	192
Fall pipes and eaves spouts cleansed or repaired	132
W.C's. and privies repaired	250
Additional w.c's. provided	1
Privies converted into w.c's.	—
Pail closets converted into w.c's.	—
Dry dustbins provided	814
Dry dustbins provided in lieu of ashpits abolished	—
Dilapidations repaired (including roofs, ceilings, walls and floors)	783
Yards, passages or pavements repaired	239
Defective light and ventilation....	44
Dirty premises limewashed and cleansed	21
Overcrowding of dwellings abated	—
Nuisances abated from keeping animals and fowls	8
Smoke nuisances abated	—
Manure and refuse removed	6
Miscellaneous	60
Total of defects remedied or nuisances abated	2670

Sanitary Inspectors' Visits during the Year ending 31st December, 1945.

General Sanitation.	No. of Visits.
Water Supply	30
Drainage	367
Stables and Piggeries	22
Offensive Trades	5
Fried Fish Shops	64
Houses Let-in-Lodgings	—
Tents, Vans and Sheds	38
Factories	62
Workplaces	3
Outworkers	—
Bakehouses	36
Public Conveniences	1

Theatres and Places of Entertainment	2
Refuse Collection	1096
Rats and Mice	91
Smoke observations	1
Schools	1
Shops	25
Miscellaneous Sanitary Visits	175

HOUSING.

Under Public Health Acts :—

Number of Houses inspected	1643
Visits paid to above houses	3396

Under Housing Acts :—

Number of houses inspected	305
Visits paid to above houses	1487

Overcrowding :—

Number of houses inspected	12
Visits paid to above houses	12

Verminous Premises :—

Number of houses inspected	36
Visits paid to above houses	44
Miscellaneous housing visits	22

INFECTIOUS DISEASES.

Inquiries in cases of infectious disease	252
Visits re Disinfection	—
Miscellaneous Infectious Disease visits	16

MEAT AND FOOD INSPECTION.

Visits to Slaughterhouses	1469
Visits to Shops and Stalls	93
Visits to other premises	119

Visits to :—

Butchers	79
Fishmongers and Poulterers	17
Grocers	102
Greengrocers and Fruiterers	26
Cowsheds	50
Dairies and Milkshops	145
Ice-Cream Premises	11
Restaurants	20
Street Vendors' and Hawkers' Carts	15
Milk—Bacteriological	139

NOTICES SERVED.

Number of informal notices served	2150
Number of informal notices complied with	1703
Number of Statutory Notices served	212
Number of Statutory Notices complied with	256

Inspection and Supervision of Food.

1. MEAT INSPECTION.

No. of Animals Slaughtered and Inspected.

Beasts	5444
Sheep	12746
Pigs	1073
Calves	1493
Total	20756

The following statement gives details of Meat surrendered during the year. With the exception of small quantities of canned goods, the foods enumerated below were utilized by processing into animal feeding-stuffs or agricultural fertilizers. The work is carried out by waste product merchants who are under contract to the Ministry of Food :—

Carcases.

Number.	Disease	Weight. Tons	Cwt.	lbs.
78 Cows	Generalized Tuberculosis	19	10	25
4 Cows	Hydraemia & Emaciation		15	84
3 Cows	Fever & Emaciation		10	82
1 Cows	Hydraemia & Fever		4	66
1 Cows	Johnes Disease & Emaciation		1	92
1 Cow	Sarcoma & Emaciation		3	14
1 Cow	Multiple Sarcoma		5	10
1 Cow	Septic Pericarditis		4	32

1 Cow	....	Septic Mastitis	....	....	5	60
1 Cow	....	Septic Peritonitis	....	....	4	60
11 Heifers	....	Generalized Tuberculosis	....	2	8	51
1 Heifer	....	Johnes Disease & Emaciation	....		1	104
1 Heifer	....	Septic Percarditis	....	....	3	44
5 Steers	....	Generalized Tuberculosis	....	1	6	23
2 Steers	....	Septicaemia	....	....	6	80
1 Steer	....	Johnes Disease & Emaciation	....		2	26
1 Steer	....	Septic Pericarditis	....	....	4	72
14 Sheep	....	Moribund	....	....	7	14
12 Sheep	....	Hydraemia & Emaciation	....		3	107
2 Sheep	....	Pyaemia	....	....	1	32
1 Sheep	....	Septicaemia	....	...		58
1 Sheep	....	Purulent Pneumonia	....	....		63
11 Calves	....	Immature	....	....	2	72
2 Calves	....	Congenital Tuberculosis	....	....	1	84
2 Calves	....	Pyaemia	....	....	1	19
1 Calves	....	Pneumonia & Enteritis	....	....		40
1 Calves	....	Rat Contamination	....	....		35
1 Calves	....	Bruising & Fever	....	....		43
1 Calves	....	Jaundice	....	....		48
1 Calves	....	Enteritis	....	....		50
4 Pigs	....	Generalized Tuberculosis	....	....	2	79
2 Pigs	....	Acute Swine Erysipelas	....	....	2	111
2 Pigs	....	Pyaemia	....	....	1	90
1 Pig	....	Jaundice & Peritonitis	....	....		61
1 Pig	....	Hydraemia & Pneumonia	....	....		63
1 Pig	....	Hydraemia & Fever	....	....		50
1 Pig	....	Moribund	....	....		80

Parts of Carcase and Edible Organs.

			Tons	Cwts.	lbs.
Beef	....	Tuberculosis & Injury	5	0	90
Beef	....	Bone Taint		7	49
Beef	....	Ammonia Contamination		1	14
Mutton	....	Ammonia Contamination		1	48
Pork	....	Tuberculosis & Injury		2	82
Beast's & Pigs' Heads	....	Tuberculosis & Actinomycosis	10	14	39
Edible Offals		Various Diseases	21	4	110
			66	2	92

2. Inspection of Other Foods.

The following statement gives details of other foods surrendred during the year :—

		Tons	cwts.	lbs.
Canned Goods	Unsound	2	10	108
Wet Fish	Do.		12	19
Cured Fish	Do.		1	14
Shell Fish	Do.		3	26
Vegetables	Do.	5	1	0
Fruit	Do.		1	76
Bacon	Do.		2	17
Butter	Do.			11
Margarine	Do.			69
Eggs	Do.			59
Cheese	Do.		3	50
Bread	Do.	2	10	0
Yeast	Do.		2	36
Cereals	Do.			57
Dried Fruit	Do.		1	8
Prepared Foods	Do.		2	30
Watercress	Do.			80
Poultry	Do.			24
Biscuits	Do.			60
Cocoa	Do.			70
Sweets	Contaminated			99
Pharmaceutical Glands	Unsound			28
		11	16	145
	Total weight of food surrendered	77	19	25

3. Table of Carcases Inspected and Condemned :—

1945	Cattle (excluding Cows).	Cows	Calves	Sheep	Pigs
No. Slaughtered	3533	1911	1493	12746	1073
No. Inspected	3533	1911	1493	12746	1073
All Diseases except T.B.					
Whole carcases condemned	6	14	18	30	8
Carcases of which some part or organ was condemned	484	247	2	91	12
Percentage affected with diseases other than T.B.	13.9	13.6	1.3	0.9	1.9
T.B. Only					
Whole carcases	16	78	2	—	4
Carcases of which some part or organ was condemned	538	587	1	—	67
Percentage affected with T.B.	15.7	34.8	0.2	—	6.6

4. Samples Taken Under the Food and Drugs Act, 1938.

During the year 156 samples were submitted for analysis by the Public Analyst. The following table shows the nature of the samples and the results of the Public Analyst's examination :—

Details of samples taken during the year :—

Article	Number Genuine			Number Adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Milk	85	3	88	9		9
Ice Cream		3	3			
Butter	3		3			
Margarine	3		3			
Lard	3		3			
Tea	3		3			
Apricots		2	2			
Jam	2		2			
Cheese	1		1			
Sugar	1		1			
Coffee		1	1			
Mincemeat	1		1			
Lemon Cheese	1		1			
Honey		1	1			
Breakfast Spread		1	1			
Apples		1	1			
Sausage	1		1			
Self Raising Flower		1	1			
Cake Mixture		2	2			
Semolina		1	1			
Oat Food		1	1			
Tomato Soup		1	1			
Bloater Paste		1	1			
Anchovy Paste		1	1			
Mixed Spice		1	1			
Vinegar					1	1
National Dried Milk		1	1			
Fish Cakes		1	1			
Herb Tea		1	1			
Biobalm					1	1
Froment					1	1
Cashewnut Cream		1	1			
Saccharin Tablets		1	1			
Ginger Wine					1	1
Vitamin A & D Liquid		1	1			
Vitamin A & D Capsules		1	1			
Vitamin C Tablets		1	1			
Vitamin Gelatin Capsules		1	1			
Glycerine	1		1			
Cod Liver Oil & Malt		1	1			
Boracic Ointment		1	1			
Petroleum Jelly		1	1			
Liquid Paraffin		1	1			
Composition Essence					1	1
Tonic Wine		1	1			
Lemon Sqaush		1	1			
Lemon Flavouring					1	1
Totals	105	36	141	9	6	15

ACTION TAKEN IN RESPECT OF ADULTERATED SAMPLES.

Serial No.	Article.	Adulteration.	Action Taken.
155	Milk	Contains 3% of Added Water.	Warning letter to retailer.
156	Milk	Contains 16.7% of Added Water.	Legal Proceedings. Fined £3 3s. 0d. Plus £4 4s. 0d. Costs.
187	Milk	Freezing Point Test Reveals presence of added water.	Warning letter to producer.
188	Milk	Contains 1% of added water.	Warning letter to producer.
189	Milk	Contains 3% of added water.	Warning letter to producer.
198	Milk	Deficient in fat to extent of 46%.	This sample was one of four taken from a consignment of 40 gallons of milk contained in 4 churns. The average fat content of the whole consignment was 3.52% and therefore legal proceedings were not justified. The producer was warned.
214	Milk	Deficient in fat to the extent of 7%.	Warning letter to producer.
225	Milk	Deficient in fat to the extent of 3%.	Warning letter to producer.
224	Composition Essence	This preparation contained Extraneous Matter.	Retailer warned—sales withdrawn.
234	Lemon Flavouring	Misleading Description.	Referred to the Ministry of Food.
250	Vinegar	Contains an excessive amount of vinegar eels.	Investigation revealed that this vinegar had been held in stock by the retailer for some time. As prosecutions for worms in vinegar have not usually been successful it was not considered advisable to institute legal proceedings. The retailer was warned.
252	Biobalm.	Not adequately labelled.	In accordance with the desire of the Minister of Food, the manufacturers of each of these articles have been approached and in each case suitable labels have been provided.
253	Froment.	Do.	
257	Ginger Wine	Do.	
309	Milk	Contains 2% of added water.	This sample was bottled from a bulked supply of milk from several producers. Formal samples taken on delivery from the producers revealed added water in the milk of one producer. Legal proceedings are pending and will be referred to in the 1946 Annual Report.

GERBER TESTING OF MILK.

During the year 123 samples of milk were tested by the Inspectors. The method employed is the Gerber Test, which provides a reliable means of detecting unsatisfactory milks.

Sources of unsatisfactory milk supplies are subject to further investigation by the Public Analyst.

MILK SUPPLY.

The number of milch cows kept in the Borough remains approximately the same as last year, as will be seen by the following Table :—

	1944	1945
Number of cowsheds in use in the Borough	36	36
,, milch cows in the Borough	243	250
,, milk purveyors	32	32
,, milk producers	20	20

(The above figures are exclusive of small shops selling bottled milk.)

Milk & Dairies Regulations, 1926—1943.

During the year 195 inspections were made.

Milk (Special Designations) Regulations, 1936-1943.

There are four pasteurising plants in the Borough. During the year the supervision of graded milks was intensified and 133 samples were taken for examination compared with 38 in 1944. Full details of the results of the examination of these samples, appear on page 58.

The Council as the Licensing Authority issued the following licences during the year :—

Pasteuriser's Licence (Holder Process)	2
Pasteuriser's Licence (Short time High Temp. Process)	2
Tuberculin Tested Pasteurised Licence (Holder Process)	1
Tuberculin Tested Pasteurised Licence (Short Time High Temp. Process)	2
Dealer's Licence to sell Pasteurised Milk	29
Dealer's Licence to sell Tuberculin Tested Pasteurised Milk....	3
Dealer's Licence to sell Tuberculin Tested Milk	1
Dealer's Licence to sell Accredited Milk	1

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 TO 1941.

Table 1.

Designation.	No. of Samples Taken.	Bacteriological Count per M.L.				Bacillus Coli Absent in				Phosphatase Test.	
		Under 10,000	10,000 to 20,000	20,000 to 40,000	40.000 to 70,000	1/10 M.L.	1/100 M.L.	1/1000 M.L.	1/10000 M.L.	Pass	Fail
Pasteurised	75	5	27	34	9	40	18	7	10	71	4
Tuberculin Tested Pasteurised	33	30	2	—	1	28	3	2	—	32	1
Sterilised	13	13	—	—	—	13	—	—	—	13	—
Totals	121	48	29	34	10	81	21	9	10	116	5

Table 2.

Designation.	No of Samples Taken	Methylene Blue Test.		B. Coli Absent in		Bacteriological Count Per M.L.		
		Pass	Fail	1/10 M.L.	1/00 M.L.	Under 10,000	10,000 to 20,000	20,000 to 40,000
Tuberculin Tested ..	6	6	Nil	3	3	5	1	—
Accredited	6	6	Nil	6	—	2	2	2
Totals	12	12	—	9	3	7	3	2

RATS AND MICE DESTRUCTION ACT, 1919.

INFESTATION ORDER, 1943.

The campaign against rats, commenced in 1944, was vigorously carried on during the year. Various methods of rat destruction were used but poisoning after prebaiting was the method most generally adopted. 1043 visits were made to premises when 4056 pre-baits and 1323 poison baits were laid and it was estimated that 5684 rats were destroyed.

In addition, 348 sewer manholes were pre-baited for two days and of these 190 revealed evidence of rat infestation. These infested manholes were treated with poison baits and as a result it was estimated that 2299 rats were destroyed.

Trapping and the clearance of infested premises by dogs and ferrets accounted for the destruction of a further 989 rats.

TABLE I.

Vital Statistics of Whole District during 1945 and previous years.

Year	Population estimated to middle of each Year	Births.			Total Deaths Registered in the District.		Net Deaths belonging to the District.			
			Net				At all ages		Under 1 year of age.	
		Uncorrected number	Number	Rate	Number	Rate	Number	Rate	Number	Rate per 1000 Net Births
1934	46,200	749	724	15·6	616	13·3	452	9·7	47	64 9
1935	46,620	705	670	14·3	688	14·7	468	10·0	46	68 6
1936	46,930	732	688	14·6	660	14 0	460	9·8	39	56·6
1937	47,080	744	684	14·5	684	14·5	444	9·4	56	81·8
1938	47,420	801	706	14·9	700	14·7	471	9·9	22	31 1
1939	47,760	918	737	15·4	826	17·2	545	11 3	46	58 6
1940	48,170	878	745	15·4	924	19·1	601	12 4	41	53 8
1941	48,920	868	729	14·9	800	16·3	506	10·3	46	62·3
1942	47,410	1044	837	17·6	852	17·9	525	11·0	40	47·7
1943	46,210	1049	902	19 5	841	18·2	530	11·4	50	55·4
1944	46,780	1200	1006	21·5	854	18·2	561	11 9	73	72·5
1945	47,030	1148	893	18·1	809	17·2	538	11·2	48	53·7

TABLE II.

Cases of Infectious Disease Notified during the year 1945.

Notifiable Disease.	Number of Cases Notified													Total cases notified in each locality.				Deaths.	Total cases removed to Hospital.
	At all Ages.	At Ages—Years.												North Ward including Pleasley Hill	Pleasley Hill alone.	South Ward	East Ward		
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over						
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	259	...	5	8	15	16	121	63	19	5	6	1	...	84	7	92	83	...	241
Diphtheria	11	...	1	1	...	...	4	2	...	3	...	...	...	...	. .	2	9	2	11
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	5	1	...	...	...	...	...	...	...	1	1	2	...	1	...	3	1	...	2
Cerebro-spinal Fever	2	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	1	...	2
Pneumonia	27	4	...	...	1		2	1	2	6	2	7	2	6	...	9	12	3	7
Puerperal Pyrexia	3	...	...	...	...	...	...	...	1	2	...	..	...	2	...	1	...	...	3
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Measles	159	11	10	20	22	23	62	4	5	2	...	...	...	50	1	53	56	...	7
Whooping-cough	12	1	3	2	1	2	1	1	...	...	...	...	...	1	...	4	7	...	2
Totals	479	18	19	31	39	41	191	71	27	21	9	10	2	146	8	164	169	5	275

TABLE III.—CAUSES OF DEATH.

	Causes of Death.	All Ages. Males.	Females
	All Causes	288	250
1	Typhoid & Paratyphoid Fevers	—	—
2	Cerebro-spinal Fever	—	—
3	Scarlet Fever....	—	—
4	Whooping Cough	—	3
5	Diphtheria	—	2
6	Tuberculosis of Respiratory System	6	10
7	Other Tuberculosis Disease	3	1
8	Syphilitic diseases	3	2
9	Influenza	2	2
10	Measles	—	1
11	Acute polio-myelitis & polio-encephalitis....	—	—
12	Acute infantile encephalitis	—	—
13	Cancer of mouth & oesoph (M), uterus (F)	1	7
14	Cancer of stomach & duodenum	9	11
15	Cancer of breast	—	5
16	Cancer of all other sites	23	20
17	Diabetes	—	4
18	Intra-cranial vascular lesions	30	28
19	Heart disease	71	70
20	Other Circulatory diseases....	7	7
21	Bronchitis	23	14
22	Pneumonia (all forms)	18	5
23	Other Respiratory Diseases	5	4
24	Ulcer of stomach or duodenum	1	—
25	Diarrhoea, &c., under 2 years	2	2
26	Appendicitis	1	1
27	Other digestive diseases	4	11
28	Nephritis	6	2
29	Puerperal & post-abortion sepsis....	—	—
30	Other maternal causes	—	1
31	Premature birth	9	5
32	Congenital malformation, birth injury, &c.	8	5
33	Suicide	4	—
34	Road Traffic accidents	7	1
35	Other violence	10	1
36	All other causes	35	25

TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1945.

Net Deaths from stated causes at various Ages under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under One month	1-3 Months	3-6 Months	6-9 Months	9-12 months	Total Deaths under 1 year.
All Causes Certified	19	2	—	1	22	9	10	6	1	48
All Causes Uncertified	—	—	—	—	—	—	—	—	—	—
1 Measles	....	....	....	....	....	....	....	....	....	....
2 Whooping-cough	....	....	....	....	....	....	....	....	....	....
3 Diphtheria	....	....	....	....	....	....	....	....	....	....
4 Scarlet Fever	....	....	....	....	....	....	....	....	....	....
5 Influenza	....	....	....	....	....	....	....	....	....	....
6 Cerebro-spinal Fever	....	....	....	....	....	....	....	....	....	....
7 Tuberculous Meningitis	....	....	....	....	....	....	....	....	....	....
8 Tuberculosis, Intestinal	....	....	....	....	....	....	....	....	....	....
9 Other Tuberculous Diseases	....	....	....	....	....	....	....	....	....	....
10 Syphilis	....	....	....	....	....	....	....	....	....	....
11 Rickets	....	....	....	....	....	....	....	....	....	....
12 Meningitis (not Tuberculous)	....	....	....	1	1	1	1	....	....	3
13 Convulsions	1	....	....	....	1	....	1	....	....	2
14 Bronchitis	....	....	....	....	....	....	....	1	....	1
15 Pneumonia (all forms)	....	1	....	....	1	2	6	2	1	12
16 Other Respiratory Diseases	....	....	....	....	....	....	....	....	....	....
17 Gastritis	....	....	....	....	....	....	....	....	....	....
18 Diarrhoea	....	....	....	....	....	2	1	1	....	4
19 Hernia, Intestinal Obstruction)	....	....	....	....	....	....	....	....	....	....
20 Malformation	3	....	....	....	3	....	....	....	....	3
21 Debility, Sclerema	1	....	....	....	1	1	....	1	....	3
22 Icterus	....	....	....	....	....	....	....	....	....	....
23 Premature Birth	11	1	....	....	12	2	....	....	....	14
24 Injury at Birth	....	....	....	....	....	....	....	....	....	....
25 Disease of Umbilicus	....	....	....	....	....	....	....	....	....	....
26 Atelectasis	3	....	....	....	3	....	....	....	....	3
27 Lack of care	....	....	....	....	....	....	....	....	....	....
28 Suffocation (in bed)	....	....	....	....	....	1	....	....	....	1
29 Other Violence	....	....	....	....	....	....	....	....	....	....
30 Other Causes	....	....	....	....	....	....	1	1	....	2

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and case-rates for certain Infectious Diseases in the year 1945. England and Wales, London, 126 Great Towns, 148 Smaller Towns, and Mansfield.

(Provisional Figures based on Weekly and Quarterly Returns.)

	Mansfield	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County
	Rates per 1,000 Civilian Population				
Births :—					
Live	18.9	16.1	19.1	19.2	15.7
Still	0.42	0.46	0.58	0.53	0.40
Deaths :—All Causes	11.2	11.4	13.5	12.3	13.8
Typhoid and Paratyphoid Fevers	0.00	0.00	0.00	0.00	0.00
Scarlet Fever...	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.06	0.02	0.02	0.01	0.02
Diphtheria	0.04	0.02	0.02	0.02	0.01
Influenza	0.08	0.08	0.07	0.07	0.07
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	0.02	0.02	0.02	0.02	0.01
Notifications :—					
Typhoid Fever	0.00	0.01	0.01	0.01	0.01
Paratyphoid Fever	0.00	0.01	0.00	0.00	0.00
Cerebro-Spinal Fever ...	0.04	0.05	0.05	0.05	0.06
Scarlet Fever...	5.5	1.89	2.02	2.03	1.57
Whooping Cough	0.25	1.64	1.65	1.47	1.25
Diphtheria	0.23	0.46	0.52	0.56	0.31
Erysipelas	0.10	0.25	0.28	0.24	0.31
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles...	3.38	11.67	10.89	11.19	9.03
Pneumonia	0.57	0.87	1.03	0.72	0.78
	Rates per 1,000 Live Births.				
Deaths under 1 year of age ...	53.7	46	54	43	53
Deaths from Diarrhoea and Enteritis under 2 years of age	4.4	5.6	7.8	4.5	7.6
	Rates per 1,000 Total Births (Live and Still).				
(a) Notifications :—					
Puerperal Fever	—	9.93	12.65	8.81	3.60
Puerperal Pyrexia	3.28				15.87*
(b) Maternal Mortality :—					
Abortion with Sepsis ...	0.00	0.25			
Abortion without Sepsis ...	0.00	0.08			
Puerperal Infections	0.00	0.24			
Other	1.09	1.22			

Abortion : Mortality per million women aged 15-45—England and Wales—

With Sepsis	18
Without Sepsis	6

* Including Puerperal Fever.